## STATEMENT OF

RECEIVED

2012 NOV 15 AM 11: 29

FORM 1	ORGANIZATION					ZUITAA CI YUM SIUS
				Office Use MAIL CENTER		
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M	5
TENNESS	EE R	PUBLICAN	EXEC	UTIVE BOA	RD	
				111111		
ADDRESS (number a	nd street)	P. O. BOX	6731	3		
(Check if address is changed)		POMPANO	BEAC	<b>H</b>	FL	33066
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only or USRepublic		odress) ecutiveBoar	ds@gn	nail.com
COMMITTEE'S WEE	PAGE ADI	DRESS (URL)				
(Check if address is changed)						
2. DATE 11	i <sup>™</sup> ′ 10	<sup>°</sup> ′ <u>2</u> 012				
3. FEC IDENTIFIC	CATION NU	IMBER C				
4. IS THIS STATE	MENT X	NEW (N) OF	. [	AMENDED (A)		
I certify that I have	examined th	is Statement and to the	best of my	knowledge and belief it	is true, corre	ect and complete.
Type or Print Name	of Treasure	PETERSO	N TRI	JMP		
Signature of Treasur	er <u> </u>	Helmon &	- Jung		Date 1	1" ′ 10° ′ <u>2</u> 012 `
NOTE: Submission of		ous, or incomplete informa				to the penalties of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)